PRINTED: 12/29/2009 FORM APPROVED

DESERT SPRINGS HOSPITAL  SIMMARY STATEMENT OF DEFICIENCIES  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES  REQUATORY OR LSC IDENTIFYING INFORMATION)  FREETY TAG  SOUD Initial Comments  This Statement of Deficiencies was generated as a result of a State Licensure focused survey and complaint investigation conducted in your facility on 12/15/09 and finalized on 12/17/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.  Complaint #NV00023029 was substantiated with deficiencies cited. Refer to Tag S0310.  Complaint #NV00023939 was substantiated. Complaint #NV000239342 was unsubstantiated. Complaint #NV00023942 was unsubstantiated. Complaint #NV00023942 was unsubstantiated.  A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  The findings and conclusions of any investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:  S 105 NAC 449.322 Housekeeping Services  S 105 NAC 449.322 Housekeeping Services  S 105 NAC an approyed plan obcorraction must be pathwhed within 10 days after receipt of this statement of deficiencies.  The facility reviewed the 7-Step cleaning process with all EVS employees, including but not limited  White the process of the proce	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		COMP	(X3) DATE SURVEY COMPLETED	
DESERT SPRINGS HOSPITAL  2075 EAST FLAMINGO ROAD  LAS VEGAS, NV 89119  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY AUST BE PRECEDED BY PULL)  TAG  SOUD Initial Comments  This Statement of Deficiencies was generated as a result of a State Licensure focused survey and complaint investigation conducted in your facility on 12/15/09 and finalized on 12/17/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.  Complaint #NV00023029 was substantiated with deficiencies cited. Refer to Tag S0310.  Complaint #NV00023042 was unsubstantiated.  Complaint #NV00023042 was unsubstantiated.  Complaint #NV00023042 was unsubstantiated.  Complaint #NV00023042 was unsubstantiated.  A Plan of Correction (PCC) must be submitted.  The PCC must relate to the care of all patients and prevent such occurrences in the future. The inlended compleion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  The findings and conclusions of any investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:  \$ 105 NAC 449.322 Housekeeping Services  \$ 105 NAC 449.322 Housekeeping Services  \$ 105 NAC 449.322 Housekeeping Services  \$ 105 NAC an approyed plain obscorraction must be pfullyfied within 10 days after receipt of this statement of deficiencies.  THE facility reviewed the 7-Step cleaning process with all EVS employees, including but not limited  **MATHUM AND MATHUM AN	NVS641HOS			070557.0			12/		
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a result of a State Licensure focused survey and complaint investigation conducted in your facility on 12/15/09 and finalized on 12/17/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.  Complaint #NV00023029 was substantiated with deficiencies cited. Refer to Tag S0310. Complaint #NV00023029 was substantiated with deficiencies cited. Refer to Tag S523 Complaint #NV00023710 was unsubstantiated. Complaint #NV00023710 was unsubstantiated. Complaint #NV00023042 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:  \$ 105 NAC 449.322 Housekeeping Services \$ 5 105 NAC 449.322 Housekeeping Services \$ 1. A hospital shall establish organized  The facility reviewed the 7-Step cleaning process with all EVS employees, including but not limited within 10 days after receipt of this statement of deficiencies.  **The facility reviewed the 7-Step cleaning process with all EVS employees, including but not limited within 10 days after receipt of this statement of deficiencies.  **The facility reviewed the 7-Step cleaning process with all EVS employees, including but not limited.  **The facility reviewed the 7-Step cleaning process with all EVS employees.  **The facility reviewed the 7-Step cleaning process with all EVS employees.  **The facility reviewed the 7-Step cleaning process with all EVS employees.	S 000	Initial Comments			S 000				
deficiencies cited. Refer to Tag S0310.  Complaint #NV00022959 was substantiated with deficiencies cited. Refer to Tag S523  Complaint #NV00023701 was unsubstantiated.  Complaint #NV00023842 was unsubstantiated.  A Plan of Correction (POC) must be submitted.  The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:  \$ 105 NAC 449.322 Housekeeping Services  \$ 106 NAC 449.322 Housekeeping Services  \$ 107 NAC 449.322 Housekeeping Services  \$ 108 NAC 449.322		a result of a State L complaint investiga on 12/15/09 and fin accordance with Ne	icensure focused su ition conducted in you alized on 12/17/09, in evada Administrative	rvey and ur facility n					
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on-going compliance with regulatory requirements.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:  S 105 NAC 449.322 Housekeeping Services SS=E  1. A hospital shall establish organized  1. A hospital shall establish organized  S 105 Including but not limited employees, including but not limited sliciencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.  TITLE  (X6) DATE	:	The POC must rela and prevent such o intended completio established to assu	ate to the care of all p occurrences in the fut in dates and the med	atients ure. The hanism(s)				机	
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alla Mislenson Textomana TITLE (X6) DATE	_	·	•	a	 			ed	
ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	ficiencies	are cited, an approved p	plan of correction must be	2	Texton	TITI F	encies.	(X6) DATE	

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Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING 12/17/2009 NVS641HOS STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD DESERT SPRINGS HOSPITAL LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) were reviewed with all clinical S 310 \$ 310 Continued From page 7 staff via huddles, huddle communication accurate as related to the condition of the patient. books, and direct conversation with emphasis on pain management This Regulation is not met as evidenced by: assessment and re-evaluation. Based on interview, policy review, and review of Responsible persons: Clinical unit the patient's chart the facility failed to ensure pain Manager/Director and Clinical Nurse assessments were done per hospital policy for Supervisors. one of 19 patients (patient #17). Date of Completion: 2/5/10 Severity: 2 Scope: 1 Complaint #NV00023029 The policies and practices for S 340 S 340 NAC 449.363 Personel Policies surveillance and testing of employees SS≠F 5. The hospital shall ensure that the health for tuberculosis were reviewed and records of its employees contain documented revisions are being made to bring the evidence of surveillance and testing of those facility into compliance with Chapter employees for tuberculosis in accordance with 441A of NAC. chapter 441A of NAC. Responsible Person: Employee Health This Regulation is not met as evidenced by: Nurse Based on record review, interview and policy Date of Completion: 2/12/10 review, the facility failed to ensure 5 of 20 employees met the requirements of NAC 441A concerning tuberculosis (TB). (Employees #10, #11, #13, #18 and #19) 1. The files for Employees #10, #11, #13, #18 and #19 did not meet the annual one-step TB skin test requirements, in accordance with NAC 441A.375. Severity: 2 Scope: 3 S 523 The patient identified has been \$ 523 NAC 449,379 Medical Records SS=D discharged prior to the survey and 8. All medical records must document the it is not possible to address this following information, as appropriate: particular patient. All patient have (e) Properly executed informed consent for all the potential to be affected by this procedures and treatments specified by the practice.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 8 of 9



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Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING\_ 12/17/2009 NVS641HOS STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD **DESERT SPRINGS HOSPITAL** LAS VEGAS, NV 89119 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) The policy related to informed S 523 S 523 Continued From page 8 consent was reviewed and no revisions medical staff, or federal or state law, as requiring were required. Review of the policy written patient consent. was completed by use of twice daily This Regulation is not met as evidenced by: huddles, huddle communication books, Based on observation, staff interviews, record and direct conversation at staff review and document review, the facility failed to meetings. In addition, a FAQ was obtain written patient consent for admission and a distributed to all clinical staff medical procedure for 1 of 19 patients (Patient which further defined who, when, and #18). how an informed consent is obtained. Severity: 2 Scope: 1 Admitting staff will also be included in this education process due to need Complaint #NV00022959 to obtain consent for admission and treatment. Responsible Person: Unit Managers/ Directors, Clinical Nurse Supervisors, Admitting Manager Date of Completion: 2/5/10 If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

If continuation sheet 9 of 9